

REASONABLE ACCOMMODATION POLICY AND PROCEDURES

REGULATORY REQUIREMENTS

References: (a) Executive Order 13164
(b) SECNAVINST 12720.5A

Appendices: (A) Definitions
(B) Request for Accommodation form

REASONABLE ACCOMMODATION (RA) POLICY:

It is the policy of _____ to fully comply with the reasonable accommodation requirements of references (a) and (b). _____ and the Department of Navy are committed to providing opportunities for individuals with disabilities to be equitably hired, placed and advanced. We ensure that policies do not unnecessarily exclude or limit individuals with disabilities because of job structure or design, or because of architectural, transportation, communications, procedural, or attitudinal barriers, unless it can be demonstrated that the accommodation would impose an undue hardship. See Appendix A – Definitions.

PROCEDURES:

1. REQUEST FOR ACCOMMODATION

- a. A _____ employee or someone acting on their behalf (family member, health professional, or other representative) may submit a request for reasonable accommodation (RA) either orally or in writing (see Appendix B). This request will be submitted to the employee's supervisor. If submitted orally, the supervisor will complete Appendix B and obtain the employee's signature. Forward a copy to Code _____.
- b. The request for RA must contain the following information:
 1. Information on the requested accommodation; (e.g. services of interpreter, ergonomic chair, computer equipment)
 2. Appropriate medical documentation when the disability and/or functional impairment is not obvious

2. TIME LIMITS

A request for reasonable accommodation requires an expedited review and decision ASAP, but no longer than the 21 calendar days from the date the request is received by the employee's supervisor. The decision-maker is normally the supervisor's responsibility.

3. DENIALS OF REASONABLE ACCOMMODATION REQUEST

- a. The requestor shall be notified in writing. The written denial will include the reason(s) for the denial. The denial must also provide the requestor with information on their right to:
 - (1) Participate in the Alternative Dispute Resolution (ADR) Process;
 - (2) File a request for reconsideration; or
 - (3) File an informal Equal Employment Opportunity (EEO) complaint to include the timeframes and point of contact for filing such a claim.

4. ALTERNATIVE DISPUTE RESOLUTION (ADR) PROCESS

- a. An applicant or employee may voluntarily elect to utilize the ADR process to resolve the denial of their RA request, and must submit their request to utilize the ADR process to the supervisor within 14 calendar days of receipt of their denial notice.
- b. If the issue(s) are not resolved in the ADR process, the initial denial will remain in effect. The applicant or employee will have 14 calendar days from the conclusion of the ADR process to submit a request for reconsideration. In lieu of filing a request for reconsideration, an applicant or employee may file an informal Equal Employment Opportunity (EEO) complaint within 45 days of alleged discriminatory matter by calling _____.

5. RESPONSIBILITIES

- a. **Code** ____ (_____ Department) is responsible for:
 1. Providing advice and guidance to managers and supervisors,
 2. Maintaining records of RA requests and dispositions.
- b. **Supervisors** and managers are responsible for:
 1. Processing RA requests within time limits specified in this policy
 2. Engaging in an interactive process to clarify an individual's RA need(s), and discussing alternatives when appropriate.
 3. Requesting ADR from Code _____ when appropriate.
 4. Notifying Code _____ of all requests for RA and their disposition.

Appendix A - Definitions:

Reasonable Accommodation – An accommodation is a change in the work environment or in the way things are customarily done that would enable an individual with a disability to enjoy equal employment opportunities. There are three categories of reasonable accommodation:

- modifications or adjustments to a job application process to permit an individual with a disability to be considered for a job (such as providing application forms in alternative formats like large print or Braille);
- modifications or adjustments necessary to enable a qualified individual with a disability to perform the *essential functions* of the job (such as providing sign language interpreters); and
- modifications or adjustments that enable employees with disabilities to enjoy equal benefits and privileges of employment (such as removing physical barriers in an office)

Individual with disability(ies) is defined as one who: (1) has a physical or mental impairment which substantially limits one or more of such person's *major life activities*, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.

Essential functions – The essential functions of a job are those job duties that are so fundamental to the position that the individual cannot do the job without being able to perform those job duties. A function can be “essential” if there are limited number of employees who could perform if assigned to them, or the function is specialized and the incumbent is hired based on his/her ability to perform it.

Major life activities means functions, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

The following factors should be considered in determining whether an individual is substantially limited in a major life activity”

- a. the nature and severity of the impairment
- b. the duration or expected duration of the impairment; and
- c. permanent or long-term impact of, or resulting from, the impairment

With respect to the major life activity of working, the term “**substantially limits**” means significantly restricted in the ability to perform either a class of jobs or a broad range of jobs in various classes as compared to the average person having comparable training, skills, and abilities.

The inability to perform a single, specific job does not normally constitute a substantial limitation in the *major life activity* or working.

Reassignment – Reassignment to a vacant, funded position is a form of reasonable accommodation that, absent *undue hardship*, is provided to qualified employees (not applicants) who, because of a disability, can no longer perform the essential functions of their job, with or without reasonable accommodation.

Undue hardship – A determination, which must be made on a case –by-case basis, considering factors such as the nature and cost of the accommodation needed and the impact of the accommodation on the operations of the agency. It must be shown that a specific accommodation would require significant difficulty, expense, or would cause a significant disruption to another employee's ability to work or to the operations of business.

Appendix B – Request for Accommodation

Name (Print)	Position/Series/Grade	Code	Phone No.
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Supervisor (Print)	Supervisor Phone No.
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1. Describe the nature of your disability and your limitation(s). Attach continuations.

2. Describe any impact your present limitation(s) have on the performance of the essential elements of your position or on your participation in the application process.

3. Describe accommodation(s) you believe may assist you in being able to perform the essential elements of your position or on your participation in the application process

4. If accommodation request is time sensitive, please explain.

Medical Documentation: Provide appropriate medical documentation regarding the nature of the disability, the limitation(s) identified above, and the requested accommodation(s).

Privacy Act Statement: The information provided by you will be used primarily to facilitate the processing of your request for accommodation. Parties with a need to know will have access to this information as necessary and appropriate to make a determination. Failure to provide accurate and complete medical reports may make it difficult to properly process your request.

I certify that the statements and information provided in this document are true and complete to the best of my knowledge. I hereby give permission to release any information contained in this request to authorized agency officials with a need to know.

Requestor Signature

Date

Supervisor / POC signature (acknowledges the receipt of this Request for Accommodation, along with medical documentation(s) as appropriate.)

Supervisor / POC Signature

Date